

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Valadao for Congress

Full Name (Last, First, Middle Initial)

A. Boston House of Pizza

Mailing Address 1770 N 10th Ave

City	State	Zip Code
Hanford	CA	93230

Purpose of Disbursement
Food for election night event

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

49.97

Transaction ID : SB17.E1587515.6

[MEMO ITEM]

Sub-vendor itemization of Cole Rojewski

B. Firestone Brewing Company

Mailing Address 1395 Vendels Circle

City	State	Zip Code
Paso Robles	CA	93446

Purpose of Disbursement
Refreshments for fundraising event

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

154.3

Transaction ID : SB17.E1587515.7

[MEMO ITEM]

Sub-vendor itemization of Cole Rojewski

c. Marisol at the Cliffs

Mailing Address 2757 Shell Beach Road

City	State	Zip Code
Shell Beach	CA	93449

Purpose of Disbursement
Refreshments for fundraising event

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

60.2

Transaction ID : SB17.E1587515.8

[MEMO ITEM]

Sub-vendor itemization of Cole Rojewski

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
